



# STATE OF IOWA

CHESTER J. CULVER, GOVERNOR  
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DEPARTMENT OF HUMAN SERVICES  
KEVIN W. CONCANNON, DIRECTOR

## INFORMATIONAL RELEASE NO. 687

**TO:** All Iowa Medicaid enrolled: Free-Standing Nursing Facilities, Special Population Nursing Facilities, Nursing Facilities for the Mentally Ill and Skilled Nursing Facilities (located outside Iowa)

**ISSUED BY:** Iowa Department of Human Services, Iowa Medicaid Enterprise

**SUBJECT:** Completion of Medicare Part A Paper Cross-Over Claims

**DATE:** February 28, 2008

The purpose of this Informational Release is to clarify the payment and submission process for nursing facility providers when filing Medicare Part A crossover claims in paper format.

**Payment:** According to the reimbursement policy at Iowa Administrative Code (IAC) 441 - 81.6(20), Medicaid will reimburse nursing facilities (excluding Medicare-certified hospital-based nursing facilities) for Medicare Part A coinsurance and deductible amounts up to the Medicaid-allowed daily reimbursement rate. **The effective date of this policy was May 1, 2003.**

**Example:** A facility that has a Medicaid daily rate of \$100 submits a Medicare inpatient crossover claim to Medicaid that contains 10 Medicare "covered days." On the claim, Medicare allows \$1,100 and reimburses \$600, leaving \$500 in coinsurance and deductible. However, Medicaid would only pay \$400, which is the difference of the total Medicaid daily rate ( $10 \times 100 = 1,000$ ) minus the actual Medicare reimbursement ( $1,000 - 600 = 400$ ). The actual Medicare coinsurance and deductible are not considered.

**Submission:** For those providers who submit paper Part A crossover claims to the Iowa Medicaid Enterprise (IME) for payment, certain steps must be followed to ensure correct payment. Providers may submit Medicare's Explanation of Benefits (EOB) along with the original UB-04 claim or just the EOB. If only the EOB is submitted, specific information is needed, which is in addition to the information outlined in the instructions of Informational Releases #638 and #658. The additional information that must be provided is listed below:

1. The bill type of the UB-04 (for example: 211, 212, etc.)
2. The number of covered days

If one or both of these pieces of information are not clearly indicated on the EOB, the claim will be denied.

**Important note:** Providers should ensure that any dates of service covered by a Medicare cross-over claim are not also submitted as covered on a monthly claim (TAD) sent to Medicaid. In the example above, the 10 covered days on the crossover claim should be listed as non-covered days on the TAD (if one is submitted to IME for that month).

If any claims have paid incorrectly, it is up to the provider to resubmit to correct the payments. IME does not have the information on file that would be needed to adjust the claim(s).

If you have questions regarding the information in this release, please contact IME Provider Services at 1-800-338-7909, locally at 515-725-1004 or by e-mail at: [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us).